

Youth SEEK Camper Profile

Bridgeport Camp & Conference Center
North Texas Conference of the United Methodist Church
June 13th-17th 2023

This form is provided to camp counselors as background information for working with your Camper.

If returning **by mail, please attach a recent photo of Camper.**

If **emailing application, please attach photo to email.**

Camper Name _____

Date of Birth _____ Gender M / F _____

Age _____ Weight _____ Height _____

Address _____ City _____ State ____ Zip Code _____

Mother's Name _____ Father's Name _____

Home Phone _____ His Wk Phone _____ His Cell _____

Her Wk. Phone _____ Her Cell _____

Best Contact Email _____

Emergency Contact (other than parent) _____ Relationship _____

Home Phone _____ Wk Phone _____ Cell _____

Names and ages of family members: _____

Primary Diagnosis (please describe): _____

School attending/graduated from: _____

How does Camper Communicate? _____

Describe Camper's Motor Skills: _____

Can Camper: Button? _____ Lace? _____ Tie? _____ Comb hair? _____ Shampoo? _____ Undress? _____

Does Camper need assistance getting around? _____ What kind? _____

Has your Camper ever been away from home alone? Yes / No _____

Has Camper ever been to SEEK Camp? Yes / No _____

Attend/attending other camp(s)? Please list: _____

Campers favorite activities? _____

What are activities that your Camper does not like or is afraid of? _____

How does your camper get along with adults? _____

How does your Camper get along with other children/youth? _____

Are there behavior problems or concerns that you have specific ways of handling? Would you like for us to continue this? We ask because we feel that being consistent in our expectations of the Camper is only fair.

SELF CARE:

Can Camper shower? _____ Can Camper shower self alone? _____

Needs supervision only _____ Must be bathed? _____

Any special props or devices needed for Camper in the shower? _____

Can Camper brush teeth? _____ Needs assistance/directions? _____

Is Camper completely toilet trained? _____ Can go alone? _____

Wipes self? _____ Needs supervision? _____ Self-catheterization? _____

Needs catheterization help? _____ Any specific instructions? _____

Words or signs that Camper uses to indicate toilet needs? _____

SLEEP HABITS: Does Camper sleep? _____

Does Camper sleep w/ bed rails? _____ Can Camper sleep on top bunk? _____

List helpful bedtime routine info: _____

EATING HABITS:

Needs NO help _____ Needs some help _____ Needs much help _____

Instruction if help is needed (please explain in detail): _____

Left or Right handed? _____

Additional information (please describe how you handle any special eating problems): _____

Chokes easily? _____ Chews well? _____ Not well? _____ Other _____

Can Camper wash hands before meals? _____ Needs help? _____

Specific foods Camper likes? _____

Specific foods Camper dislikes? _____

DRESSING HABITS:

Can camper dress self? _____ Appropriately selects clothes? _____

Needs supervision? _____ With what? _____

FEMALE CAMPERS ONLY:

Care during menstrual periods:

Has Camper begun menstrual periods? _____ Can Camper manage without help? _____

Needs supervision? _____ Needs help? _____ Exactly what help? _____

Is there anything else that you would like us to know about your Camper that could help us make his/her experience even more enjoyable?

Is there a person you'd like your camper to room with? We will take your request in consideration, but please understand that we are not always able to accommodate this request. _____

T-SHIRT

Each camper will receive a camp t-shirt at camp. Please indicate what size shirt your camper will need.

Children's Sizes:	10 -12 _____	14 -16 _____	
Adult Sizes:	Small _____	Medium _____	Large _____
	X-Lg _____	XX-Lg _____	XXX-Lg _____

Please complete ALL 9 pages of this application and do not forget to attach:

- Photo of Camper
- Copy of Immunization Records
- Notarized Medical Release Form
- Medical Release from Doctor or NP

MAIL Application & Forms to:

Youth SEEK
Chaney Fisher
17406 FM 678
Whitesboro, TX 76273

or

EMAIL Application & Forms to:

CamperYouthSEEK@gmail.com

Diet – Please note that camp is not equipped to prepare special diets for campers. If your camper has special dietary needs, please notify the camp director in advance of your camper’s arrival to camp. Some dietary restrictions can be accommodated; however, these must be addressed prior to camp.

Special Needs – Are there any special concerns that you have as a parent or guardian regarding the medical and health needs of your child while at SEEK Camp? If so, please explain below in detail:

MEDICATIONS:

- This Camper does not take any medications on a regular basis.
- This camper takes routine medications

Bring enough to last all week. **Please sort and label all medications for each day and time.**

Please list all prescription medication, over-the-counter, and non-prescription drugs taken regularly. Fill in all blanks completely.

Medication	Reason	Dose	When it is taken
1.			
2.			
3.			
4.			
5.			
7.			
8.			
9.			
10.			

NOTE: We must review each application carefully to ensure we can give your camper the best experience. You will be notified on or before APRIL 30th with a confirmation e-mail accepting your camper. At that time, we will send you the other paperwork you will need notarized and signed by your doctor. We ask you hold payment until you are confirmed as a camper.

*Returning this application DOES NOT hold a place for your camper.

*Payment does DOES NOT a place for your camper.